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PTO/S8/21 (08-03)
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			Application Number	09/464,671						
			Filing Date	12/15/1999						
	TRANSMITTAL FORM		First Named Inventor	Huai-Rong	Shao					
	• • •		Group Art Unit	2154						
	(to be used for all correspondence after in	itial filing)	Examiner Name	NABIL M E	L HADY					
-	Total Number of Pages in This Submissi	3/2	Attorney Docket Number	MS1-438US	<u> </u>					
	O(8) Number of region in The	ENCLOSUR	RES (check all that apply)							
	Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents	Drawir Licens Petitio Petitio Provis Power Chang Addres Termir	ng(s) sing-related Papers on to Convert to a slonal Application or of Attorney, Revocation ge of Correspondence		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Repty Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):					
	Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 GFR 1.52 or 1.53	Remarks			RECEIVED OIPE/IAP SEP 0 2 2005					
	SIGNA	TURE OF APPL	JCANT, ATTORNEY, OR	AGENT						
Firm or Individua	Keith W. Saunders	₽/Reg. No. 41462	-							
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Date	September 1, 2005	5								
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with suf	CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
Typed o	or printed name Cheryl Boles									
Signatu	ire (11)	Doce	D	Dat	September 1, 2005					

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SEP 0 1 2005

PTO/S8/17 (12-04)

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METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Momey Order □ None □ Other (please idunity): □ Deposit Account Deposit Account Number 12-0769 □ Deposit Account Numer □ Lee & Hayes, PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filling fee □ Univer 37 CFR 11 and 1.17 □ Charge any additional tee(e) or underpayments of fee(s) □ Credit any overpayments of univer 37 CFR 11 and 1.17 □ Charge any additional tee(e) or underpayments of fee(s) □ Credit any overpayments of the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) □ Charge fee(s) indicated below, except for fee(s) □ Charge fee(s) □	Applicant cial	Art Unit	2	154		1						
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Charge any additional fee(s) or underpayments of fee(s) WARRINGs: Information on this term may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (5) Fee (6) F	For the abo	ve identified de	oosit accoul	nt, the Director is he	ereby authorized t	o: (check al	I that apply)					
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